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MARTIN & FERRARO, LLP
1557 Lake O'Pines Street, NE
Hartville, Ohio 44632Telephone
(330) 877-0700Facsimile
(330) 877-2030

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FACSIMILE TRANSMITTAL

TO:	FROM:
Name:	Name: Thomas H. Martin, Esq.
Firm: U.S. Patent & Trademark Office	Phone No.: 330-877-2277
Fax No.: 703-872-9302	No. of Pages (including this): 24
Subject: U.S. Patent Application No. 09/626,636 Gary Karlin Michelson, M.D.	Date: March 26, 2004
Filed: July 27, 2000	Confirmation Copy to Follow: NO
A GUARD FOR USE IN PERFORMING HUMAN INTERBODY SPINAL SURGERY (as amended)	
Attorney Docket No. 102.0003-04000	
Customer No. 22882	
Confirmation No. 6124	

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; total fee in the amount of \$1,794.00 representing \$110 one-month extension fee and \$1,684 additional claims fee to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on March 26, 2004.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Dock t No.: 102.0003-04000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson, M.D.

Serial No: 09/626,636

Filed: July 27, 2000

For: A GUARD FOR USE IN PERFORMING
HUMAN INTERBODY SPINAL SURGERY
(as amended)

Confirmation No. 6124

Art Unit: 3731

Examiner: U. Ho

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action dated December 17, 2003 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a one-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	159	-	76	84	LG=\$18 SM=\$9	\$ 1,512.00
INDEPENDENT CLAIMS FEE	5	-	3	2	LG=\$86 SM=\$43	\$ 172.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
TOTAL						\$ 1,684.00

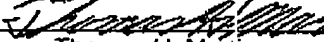
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ A fee in the total amount of \$1,794.00 (representing \$110 one-month extension fee and \$1,684 additional claims fee) is to be charged to Deposit Account No. 50-1068.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: March 26, 2004

By: 
Thomas H. Martin
Registration No. 34,3831557 Lake O'Pines Street, NE
Hartsville, Ohio 44632
Telephone: 330-877-0700
Facsimile: 330-877-2030